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Bib Data Sheet

CONFIRMATION NO. 4672

SERIAL NUMBER 10/792,235	FILING OR 371(c) DATE 03/03/2004 RULE	CLASS 004	GROUP ART UNIT 3751	ATTORNEY DOCKET NO.
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APPLICANTS

Eve Gambla, Orland Park, IL;
 John Manzilla, Crestwood, IL;

** CONTINUING DATA *****

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **

** 05/24/2004

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY IL	SHEETS DRAWING 5	TOTAL CLAIMS 9	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance				
Verified and Acknowledged Examiner's Signature _____ Initials _____				

ADDRESS

JoAnne M. Denison
 DENISON & ASSOCs., PC
 212 W. Washington Blvd.,
 Suite 2004
 Chicago ,IL 60606

TITLE

Male toilet spray shield

FILING FEE RECEIVED 385	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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